WEEKLY PARISH SURVEILLANCE REPORT

Parish: Tel. #:

Address: Fax. #:

Epi. week number: Week Dates: / / 2018 to / / 2018

Sentinel Surveillance Data

Site #	Site Name	<5yrs	5-59yr	>60yrs	No. of Patients
1					0
2					0
3					0
4					0
5					0
6					0
7					0
8					0
9					0
10					0
Total		0	0	0	0

Other Conditions

Site #	1	2	3	4	5	6	7	8	9	10	Total
Chicken Pox											0
Conjunctivitis											0
Scabies											0
Tinea Capitis											0
											0
											0
											0
											0

Syndromes

Syndromes	1	2	3	4	5	6	7	8	9	10	Total
1. Fever with Rash											0
2. Fever	0	0	0	0	0	0	0	0	0	0	0
<5yrs. Old											0
≥5yrs. Old											0
3. Gastroenteritis	0	0	0	0	0	0	0	0	0	0	0
<5yrs. Old											0
≥ 5yrs. Old											0
4. Accidents	0	0	0	0	0	0	0	0	0	0	0
<5yrs. Old											0
5-59 yrs. Old											0
5. Violence	0	0	0	0	0	0	0	0	0	0	0
<5yrs. Old											0
≥5yrs. Old											0
6. Fever & Resp. (ILI)	0	0	0	0	0	0	0	0	0	0	0
<5yrs. Old											0
5-59 yrs.Old											0
≥60yrs. Old											0
7. Fever & Haem. Symp											0
8. Fever & Jaundice											0
9. Fever & Neur. Symp											0

Hospital Active Surveillance Data

Site #	Hospital	No. of Admissions
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
Total		

Diseases/ Events

Diseases/ Events	1	2	3	4	5	6	7	8	9	10	Total
1. Accidental Poisoning											0
2. AFP/Polio											0
3. Chikungunya											0
4. Congenital Rubella											0
5. Congential Syphilis											0
6. Dengue/ Severe Dengue											0
7. Diphtheria											0
8. Encephalitis											0
9. Hansen's Disease/ Leprosy											0
10. Hepatitis B											0
11. HIV/AIDS											0
12. Malaria											0
13. Maternal Death											0
14. Measles											0
15. Meningitis											0
16. Ophthalmia Neonatorum											0
17. Pertussis-like Syndrome											0
18. Rheumatic Fever											0
19. Tetanus											0
20. Tuberculosis											0
21. Typhoid Fever											0
22. Admitted LRTI											0
23. Resp.-related Death											0
24. Zika											

Person Completing Form: MO(H) Signature:_____ Date:_____

Comments: _____

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